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ABSTRACT

This booklet provides an overview of the characteristics and needs of young children with autism spectrum disorders or pervasive developmental disorders. It addresses: (1) different disabilities under the classification of autism spectrum disorders or pervasive developmental disorders; (2) characteristics of autism; (3) characteristics of children with Asperger's disorder; (4) characteristics of children with pervasive developmental disorder-not otherwise specified; (5) causes of autism; (6) how a child is assessed; (7) helping children with autism communicate; (8) helping children with autism with social awareness; (9) helping develop imaginative play and flexibility; (10) managing melt-downs and other difficult behaviors in children with autism; (11) supports, therapies, and alternative options for helping children with autism, including multidisciplinary therapy, the Treatment and Education of Autistic and related Communication Handicapped Children approach, applied behavioral analysis, diet options, the Picture Exchange Communication Systems, medication, and sensory integration therapy. The booklet closes with a summary of tips for parents and carers for helping a young child with autistic behavior communicate, interact socially, and deal with obsessions, intense interest, and anxiety. A list of 21 resources is provided. (CR)

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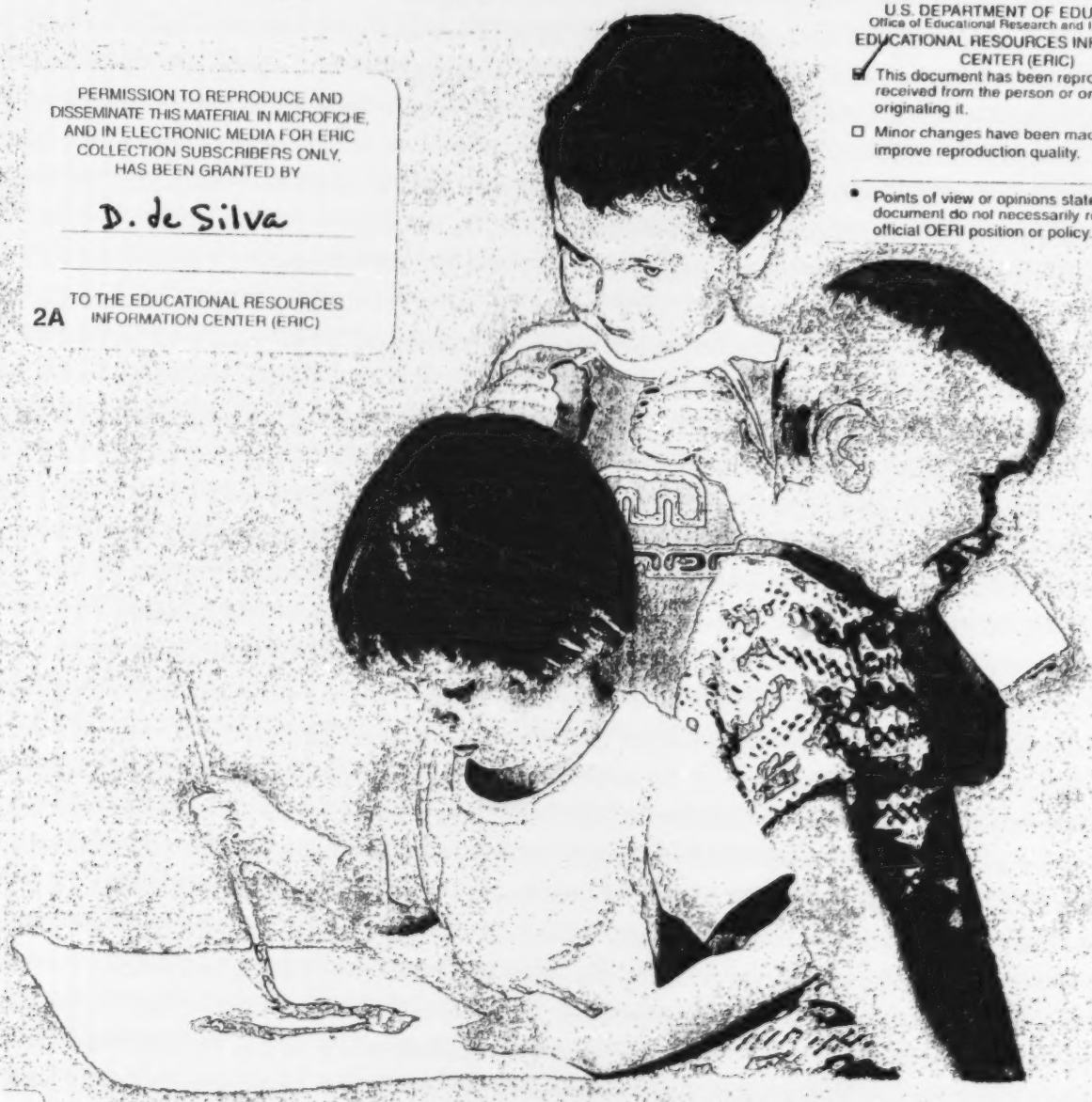

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AECA ...voice for young children

About AECA

The Australian Early Childhood Association Inc. (AECA) actively promotes the provision of high quality services for all young children from birth to eight years and their families, and supports the important role of parents. AECA is also the national umbrella organisation for children's services.

AECA is a leading specialist publisher of early childhood literature.

About RIPS

The AECA Research in Practice Series is published four times each year by the Australian Early Childhood Association.

The series aims to provide practical, easy to read, up-to-date information and support to a growing national readership of early childhood workers. The books bring together the best information available on wide ranging topics and are an ideal resource for children's services workers and others interested in the care and education of young children. Books produced in previous years have now become standard texts in many early childhood courses.

Invitation to Authors

If you are interested in writing for the AECA Research in Practice Series or any other AECA publication, please contact the Publications Section of AECA for further information on the preparation of manuscripts and for a copy of the Guidelines for Contributors.

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Autism Spectrum Disorder and Young Children

Diana Roe

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About the Author

Diana Roe (M.Ed, Member Australian Psychological Society) is a child and family psychologist with a background in early childhood education. She has worked in Canberra for more than 20 years with young children and their families, both in the school system and privately. Diana has a particular interest in supporting families with special needs and helping families and children in crisis.

A significant part of Diana's practice in the past few years has included diagnosing many children with Autism Spectrum Disorder and Asperger's Disorder, and providing support to their families, child care centres and schools.

Acknowledgements

I especially want to thank the many children and families who have shown me how they live and manage with Autism Spectrum Disorder, the three children (Madeleine, Jake and Sam) and their families who feature in the photographs, and Gay von Ess (Learning Support Unit, Yarralumla Primary School, Canberra ACT) who generously shared her knowledge and resources.

Foreword

There are many problems in the world today that begin with the letter 'A'.

Alzheimer's Disease and Autism Spectrum Disorder are two that engender the most frustration. Hopefully in respect to the former, Alzheimer's Disease, sufferers enjoyed many years of good life and have families who are able to ease the burden. Nevertheless it remains enormously frustrating to all involved, and to the person with Alzheimer's Disease.

Even more frustrating is Autism Spectrum Disorder in all its aspects. Why is this so? In particular it is because it involves our children with their lives ahead of them and many bridges to cross, and because it often enough involves families with a breadwinner starting out at an early stage in their career and under a lot of financial pressure.

It is a great thing that considerable effort is now being made to write successfully and cogently about Autism Spectrum Disorder, to provide information and guidelines where for many years there was none.

This practical publication, *Autism Spectrum Disorder and Young Children*, is a great step forward. It follows on a recent release of the book *Smiling at Shadows* by Junee Waites and Helen Swinbourne which details the life of young Dane and charts how real progress was made. Interestingly enough, if the parents of young Dane had access to publications such as these, it would have helped even more.

I commend the many practical tips contained in this excellent publication by Diana Roe. It makes a lot of sense based on all that my wife Judy and I have encountered in relation to our own son, but also to other autistic children we have met over the years.

It points the way ahead in an exciting, practical way.

The Honourable Tim Fischer

James is nearly five and is at preschool. He is a well-built young boy, but appears very clumsy when he runs. He speaks with an English accent and talks a great deal about his favourite subject, the planets. James can tell you about every moon of Jupiter or the rings of Saturn, but finds it hard to answer questions like how do you think Spot felt when he fell in the mud? *James prefers to talk to the teachers at preschool and is rarely seen interacting with peers. Even when talking to adults he knows and likes he looks beyond them rather than at them.*

James' mother talks about severe tantrums if his pictures of planets fall off the wall or if his pencils are moved from their 'right' places. She is very concerned about James' diet as he eats only chips, milk, nuggets and bananas. He is also affected by loud noises and will flinch if children near him shout or call out to each other.

James has been diagnosed with Asperger's Disorder.

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Krystal is three years old and very small for her age. At home she spends a lot of her time curled up in a beanbag watching her favourite videos. If someone puts on something other than Hi-5 or the Wiggles she will scream piercingly and bang loudly on the television. Krystal has limited language—she can name many things but cannot yet put sentences together. Sometimes she comes out with long phrases from the videos, other times she chats in gibberish.

However, if Krystal can be persuaded to leave her videos to do puzzles, she shows excellent skills and completes 30-piece puzzles quickly. Sometimes she will do the puzzle upside down and seems to follow the pattern of the pieces rather than the picture.

Krystal cuddles up to her mother but finds it hard to relate to other people. Usually she completely ignores other children and engages in very little eye contact. The exception is her seven-year-old brother whom she loves and will play 'chasings' for hours.

Krystal will eat only from one spoon; this has a red handle and is very small. Any other spoon will elicit tantrums. At the shopping mall Krystal becomes impossible to handle as she checks every shop for more 'red spoons'.

Krystal has been diagnosed with mild to moderate autism.

Mario is four years old. He has always had very slow speech although all his other milestones seemed normal. He is still extremely hard to understand and has particular problems with everyday 'pragmatic' language.

Mario is quite shy with other children but will interact with them if they are happy to play truck games in the sandpit. Mario prefers playing with the trucks to any other activity and at home has very similar play interests. He so:netimes holds the trucks up to the light and turns the wheels around watching the light on the turning wheel. If he is upset or stressed he will do this for long periods.

Mario is quite independent in everyday life skills and will find himself a drink or make a sandwich competently.

His mother's most pressing difficulty is his complete refusal to toilet train or to allow anyone to cut his hair or fingernails or look at any part of his body.

Mario has been diagnosed as having Pervasive Developmental Disorder–Not Otherwise Specified (PDD–NOS).

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Many parents, child care workers and others working with young children become aware that a child they know and care about is having difficulties. The child may need help with communication, with getting on with other children and with managing the changes and flexibility needed to cope with everyday life. More and more young children are being diagnosed with an Autistic Spectrum Disorder. What is it? What does it mean? How can we help these children and their families?

What is Autism Spectrum Disorder?

Autism is a developmental disorder that was first reported by Leo Kanner in 1943. More recently researchers have shown that children show a continuum of autistic behaviours which have been classified as Autism Spectrum Disorders or Pervasive Developmental Disorders. Included in the autistic spectrum are:

- Autism (which can be classified as mild, moderate, severe, and sometimes high functioning)
- Asperger's Disorder (sometimes called Asperger's Syndrome)
- Pervasive Developmental Disorder–Not Otherwise Specified or PDD–NOS (which can sometimes be called Atypical Autism)

In addition there are two rare disorders:

- Rett's Syndrome, and
- Childhood Disintegrative Disorder.

Semantic–Pragmatic Disorder is a diagnosis sometimes given to children with communication difficulties and may also fit somewhere in the autism spectrum. There is still debate, however, on what this disorder is and where it fits in the spectrum.

All children with autism have difficulties in three main areas. These are:

- social communication and language;
- social awareness and interaction; and
- imaginative play and flexibility.

Lorna Wing and her associates in 1996 used this 'triad of impairments' to identify all children who fit within the autistic spectrum.

Characteristics of Autism

Some of the characteristics that children with autism may show:

- Failure to develop meaningful attachments to people. This may include a reluctance to be cuddled or comforted, difficulties with eye contact or making friends. Children with mild autism often have good relationships with family members but find it difficult to interact with peers.
- Attachment to certain objects, rigidity in play, the need for certain rituals or routines.
- Self-stimulating activities, which may include flapping, rocking, spinning. These may happen particularly when the child is stressed.
- Some difficulties with a child's personal identity to a degree appropriate to age. This could include difficulties with using words like 'I' or 'me' or not responding to their own image in the mirror.
- Abnormal response to sensory stimulation. Some children may not hear some sounds and may over-react to others. Others are very tactile–defensive, and find some materials difficult to tolerate or become panicky if their hands are dirty or sticky.
- Different use of the senses. Children may look at things from unusual angles or taste or smell things to make sense of them.
- Over-sensitivity or under-sensitivity to pain.
- Slow development of speech, echolalia (repeating words said to them or from other sources such as videos).
- Unusual speech behaviour. Some children speak with an accent or using 'jargon'.
- A literal understanding of language. If you say hop up and wash your hands, many children with autism may hop all the way to the bathroom!
- Eating difficulties and difficulties with developing toileting skills.

(Please note that many children who do not have an Autism Spectrum Disorder may also display some of these characteristics.)

Some children who are now diagnosed with Autistic Spectrum Disorder, especially mild autism or Asperger's disorder, are able to manage in mainstream settings. However, they may need extra help, particularly with managing social interaction and transition times. Other children need the support of a smaller group, with intensive teaching.

What is Asperger's Disorder? (also called Asperger's Syndrome)

Children with Asperger's Disorder also have difficulties in the three areas of communication, socialisation and imaginative play. However, because the difficulties are more subtle—their speech is not generally delayed—diagnosis does not often occur at an early stage. Children with Asperger's Disorder are likely to have ability within the normal range and sometimes are very able. Their speech may be 'different': sometimes they may be pedantic or very literal or speak with an unusual tone. In addition, it may be hard to have a real conversation with a child with AS, as often they may wish to speak only of their passionate interests or tell you intricate details of something. Generally, a child with Asperger's Syndrome is less 'different' than those with autism and many manage in mainstream preschool and school.

What is Pervasive Developmental Disorder (PDD–NOS)?

Pervasive Developmental Disorder–Not Otherwise Specified (or PDD–NOS) is a diagnosis given to young children who meet many, but not all, of the criteria for autism. Some of these children have fewer difficulties with socialisation, but may have quite severe language disorders. Children who are diagnosed PDD–NOS may later receive a different diagnosis such as Asperger's Disorder or High Functioning Autism.

What causes Autism?

The exact cause of autism is not known, although it is the subject of much continuing research. What is known is that genetic factors can be very important in its development. Autism appears to be based on a disorder of brain development; children with autism perceive things differently. They receive incomplete pictures and sounds from the world around them and many of their perceptions are overwhelming. They may have very intense sensations at one time and diminished feelings at another. For this reason they do not pick up normal social cues, nor understand some cause-and-effect interactions.

Biological causes, difficulties during pregnancy and birth, chemical imbalances, or neurological difficulties can all lead to the dysfunction that triggers an autistic spectrum disorder.

Autism occurs in 15 to 90 of every 10,000 births, depending on the interpretation of the definition. It is much more likely to occur in boys than in girls (at least 2:1, and possibly as high as 5:1). Some researchers have found that about one-third of all children with autism have other central nervous system difficulties. These can include Attention Deficit Hyperactivity Disorder, specific learning disabilities and intellectual disability.

How a child is assessed

When a parent or carer suspects that a child may have an Autism Spectrum Disorder (ASD), the child is often first referred to a doctor or pediatrician. A full assessment for ASD requires the input of many professionals. These may include a psychologist, speech pathologist, physiotherapist, occupational therapist, audiologist and social worker. Generally, the child is seen by a multi-disciplinary team of therapists as well as by the pediatrician. A psychologist or a doctor formally assesses the child's general developmental ability using a test such as the Griffiths Mental Development Scales or the Wechsler Preschool and Primary Scales of Intelligence. The parents and other people involved in the child's care are asked to complete some checklists to give a clear picture of the child's behaviour as seen by the people closest to him.

The results of all the checklists are collated, together with observation reports of the child in a range of settings, with the child then scored on criteria for the Autistic Spectrum Disorders.

It is important that the child is seen at home, in school, preschool or child care centres, and in more formal settings, as a child may often behave very differently in known and unknown environments.

This whole assessment procedure can be intense and difficult for parents and often takes time. The earlier a child can be diagnosed, however, the more they will have the opportunity to benefit from early intervention techniques.

What about children where there is no diagnosis?

Many children who have a number of symptoms of autism do not receive a diagnosis. They may not meet all the criteria for a diagnosis or their symptoms may be mild. Other children may not yet have been referred for diagnosis. The management suggestions and ideas in this book may also be useful for these children.

Helping with communication

Communication is one of the most significant areas of difficulty for a child with an autistic spectrum disorder. Language may be absent, slow developing or contain a great deal of 'jargon'. Some children repeat phrases they hear (echolalia) or have delayed echolalia, repeating scripts from television or videos. Even children who speak well may have great difficulty in interactive conversation. They may want to speak only about their own interests and find it very hard to understand that others have different interests.

Children with autism have difficulties both in making sense of words and in understanding non-verbal messages such as facial expressions and gestures. They find it difficult to understand what is meant by, for example, an angry face or someone who is beckoning them to move.

When working with young children with ASD, it is important to help them learn the following behaviour:

- to pay attention

- to take turns and learn reciprocal language
- to learn how to share communication
- to make choices

These are the bases of all communications. Some ideas to try include the following:

- Try to get the child's attention first. Sometimes this can be achieved by calling their name or holding up something of interest. With some children you may have to touch them gently on the shoulder or arm to gain their attention.
- Talk in simple, clear language. For children who have limited speech, use very simple phrases (put in or look here). Children with ASD can easily become confused by too much language and miss the point of the communication.
- Use visual cues to help children with autism to understand what is happening. If you are talking about a person, show a picture of that person at the same time. If you are telling them where you are going, show a visual aid such as a brochure or photograph.
- Use pictures of everyday things; make charts with pictures to show what is going to happen, let the child watch you as you do something you want them to do. (Even children who can talk quite well will often attend much better if they have visual cues.)
- Model appropriate language so that the child can use your words to make a choice and answer you. *Do you want a piece of orange or a piece of apple?* (while showing them what each is) is an easier question to answer than *what do you want?*

- Model the taking of turns in talking by using a 'talking toy'. This can be a ball, or any other toy, which is held by the person talking. Only the person holding the toy can talk; the others listen. This works very well in groups of children or when having a family conversation. If the problem is too much talking and not much listening, a timer can be used. 'One minute of talking, then it's someone else's turn.'
- Some children with autism will speak loudly or with an unusual tone. It is useful to teach the child to use an appropriate volume and tone of voice for the situation. Specific teaching about *what voice do I use outside?* and *what voice do I use inside?* may be necessary. Modelling changes in intonation, asking a question, or sounding enthusiastic are also ways of helping children become more aware of the

use of their voice. Try singing a direction, or saying it in a whisper to show them the ranges that can be used.

- To help pragmatic language, it is useful to teach 'rules' for different talking situations. For example: *What do we do when we greet someone? We look at them, smile, and say 'hello' and the person's name.*

Helping with social awareness

Many children with ASD have great difficulties becoming involved with others and particularly with their peers. In a group situation they are often the 'loners' who stay outside the group or move to a table by themselves. Some children just appear to ignore other children altogether, even to the extent of 'walking through' them. The child with a milder Autistic Spectrum Disorder may be able to play cooperatively for short periods, but find it very difficult when others wish to play something they have not chosen or cannot control.

Learning to understand 'social cues' is a very important skill for a child with ASD. They may need to be taught how to behave in different situations or how to manage with teasing or rough play. The use of 'social stories' is now widespread for children with autism. These are based on work by Carol Gray (The New Social Stories, 1994) and give children visual clues and easy to understand 'rules' about how to manage in different situations.

If a child is finding it hard to manage in a social situation, make a little visual story to give ideas. Photographs or cartoons can be used to illustrate the behaviour required. For example, if a child is finding it very hard to join a group of other children, a short book can be made to help the child learn the words and actions needed to become involved. It might start 'The children are playing chasings. Jeremy wants to play too. He walks up to them and says "Can I play?"'

Sometimes children enjoy rehearsing their behaviour in role-play situations. Try acting out ways to manage in common social interactions, such as *what can you do if someone comes up and hits you?* or *how do you ask the teacher for help?* Be very specific; practising actions and words that might work.

Drama classes are excellent for assisting social development as a child grows older. Many drama exercises are very useful in teaching awareness of such concepts as personal space, eye contact and the appropriate use of language.

Pictures of friends and acquaintances are good ways to help the child relate more to a wider range of people. Talk about the pictures and the people and when the child will be seeing them next. Looking at family photo albums can be fun as well as a good learning experience.

Eye contact

Giving appropriate eye contact can be very difficult for children with an Autistic Spectrum Disorder. Some adult people with autism have talked about how looking someone directly in the eye can be quite impossible for them and even frightening. Temple Grandin (Thinking in Pictures, 1996) writes about how she finds it hard to concentrate on what is being said when she has to look at the person's face as well. Another young man with Asperger's Disorder said that having to make eye contact was 'very uncomfortable. I couldn't focus on things when I had to look at someone's eyes'.

Don't try to force eye contact, especially by moving the child's head. Encourage the child to look by holding interesting items at eye level. Model the use of eye contact by making sure you are looking at the child before you speak.

With strangers, eye contact is more difficult. As a child becomes more comfortable with an individual, they are more likely to look at their face.

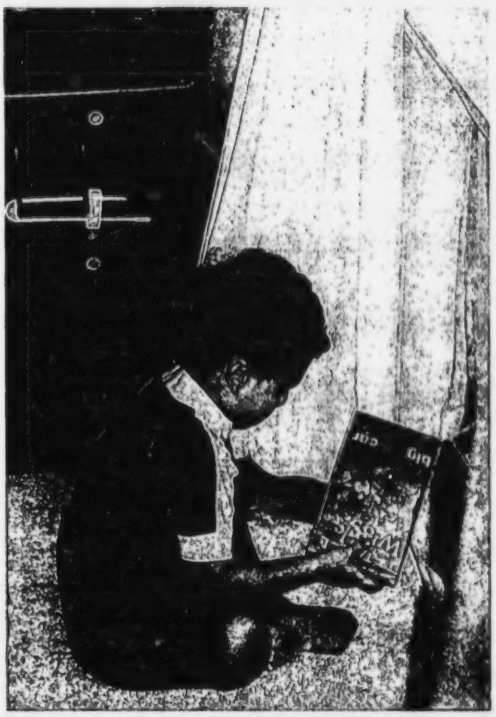
Helping develop imaginative play and flexibility

Most children show very early that they can pretend and imagine in their everyday playing. Children with autism have difficulties with imagination and will have far less flexibility in play. They may push a car up and down, but not take the game any further; they may act out scenes from a TV program or video, but not be able to change the script or allow another person into the game.

The use of repetitive routines or behaviours is also a sign of a difficulty with flexibility. A child with ASD finds transition times very difficult, and rituals may be developed to help them manage these frightening times. Many parents and carers wonder just how much to stop a child from continuing this ritualistic or obsessive play. If a child is very stressed they may need the chance to continue, but at other times, adults may be able to break in by joining in the ritual. This also allows the child to start playing in a reciprocal way. 'You pour the water, then I pour some.'

Another option is to gently change the obsessive play to one with more flexibility. For example, if a child spends a great deal of time running sand through their fingers, they could be shown how to use a spade and let the sand run off that. Then they can progress to watching the sand as it fills a bucket.

Sometimes obsessive play can be restrained by producing something more interesting to do or by setting a time limit. Obsessions such as electronic games cause much less difficulty if there are clear rules about how long and how often they can be used.



Managing 'melt-downs' and other difficult behaviours

Many children with an Autism Spectrum Disorder have times when everything becomes overwhelming. They may feel bombarded with too many sights or sounds, they may be exhausted from trying to make sense of their world, or they may be feeling threatened and unsafe because things are not as they would like. At times like this, the child may have a tantrum: screaming, crying or throwing their body around. This has been called a 'melt-down' by some writers, and describes well the feeling of utter panic and desolation shown by children at such a time.

This is not a time for discipline, or trying to talk; the child will need comfort and a feeling of safety. Try to give clear boundaries, a safe place to go. Depending on what they like, give the child a cuddle or some time alone.

Many parents will work out the best ways of helping their child in this situation. Some suggestions that may work are: the chance to use one of their obsessions (computer, television, small toys), sitting in a bath or playing with water, music, the opportunity to run safely outside.

Watch for triggers of these out-of-control times. Is the child tired? Are you in a place that is overwhelming his senses (such as a shopping mall)? Has the child been teased? Have you been pushing too far in your expectations? Has there been a significant change of routine?

When things are quiet and under control again, try to make plans for avoiding another such episode. Decrease any obvious stressors. Predictable environments and routine will help lessen anxiety. Help the child learn ways to manage stress and better express feelings.

Supports, therapies and alternative options

When a family is told that their child has an Autistic Spectrum Disorder it will generally investigate a range of options and therapies that might help. Carers working with young children also become aware of many possible treatments. New possibilities are being investigated all the time, although no 'cure' has been found for autism. Many of these therapies have shown promise with some children; some are now strongly advocated, and others are very much in the experimental stages.

The many options that may be of help to children with ASD include:

Multidisciplinary therapy

A team of therapists including occupational therapists, physiotherapists, speech pathologists, social workers and psychologists often work together to provide for the differing needs of a child with ASD and of the family. The use of multidisciplinary therapy, or individual therapies as needed, is a well-proven and reliable treatment for young children with all levels of Autistic Spectrum Disorder.

TEACHC (Treatment and Education of Autistic and related Communication Handicapped Children)

This approach, which is used in many special schools and classes for children with autism, is based on a comprehensive whole life program. The structured teaching program helps children with autism make sense of their surroundings and what is expected of them. It uses visual teaching methods and encourages attending and independence. Many children who are taught through this approach show significant improvement in behaviour and communication.

Applied Behavioural Analysis (ABA)

This is an intensive training program used extensively with children with autism. It is based on research by Dr Ivar Lovaas (UCLA, 1988) using a traditional behavioural approach. Tasks to be learnt are analyzed, broken down into small steps and used as a teaching program. Reinforcements and rewards are given for developing appropriate behaviours and performing tasks.

Diet options

Many children with autistic spectrum disorder have some form of food intolerance or sensitivity. An 'exclusion diet' is used to pinpoint which foods may be causing problems. Some parents report an improvement in their child once they exclude the suspect foods. A dietitian can be useful to help plan appropriate foods within the limits allowed.

Picture Exchange Communication System (PECS)

The aim of this system is to help young children with autism acquire communication skills, in particular, the skills of initiating communication and reciprocal social interaction. The program uses the physical exchange of items to encourage children to initiate communication. Favourite items such as food or toys are used as rewards or motivators. This is an intensive, structured training program which has had some good results.

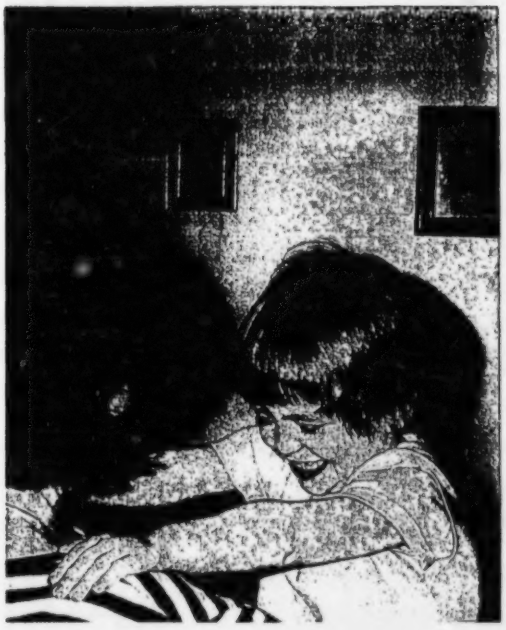
Medication

A number of different medications have been used with autistic children; with mixed results. Specific medication for attention difficulties, aggressiveness or anxiety can sometimes be of help.

Secretin is a hormone used to test for digestive and intestinal problems. A number of autistic children in the US were reported to have made a great deal of progress when given secretin. Research trials are in progress to investigate the possibility of its use for children with autism, although this remains very much an experimental option.

Sensory Integration Therapy

Researchers are beginning to realize that much autistic behaviour is related to the difficulties of managing overwhelming sensory input. Sensory integration is a form of therapy that helps children with autism and sensory integrative disorders to make more sense of the information they are receiving from the outside world. In particular, this form of therapy can help children who are tactile defensive or have other sensory-related symptoms. Many occupational therapists and physiotherapists are trained in the use of Sensory Integration Therapy.



Tips for parents and carers to help a young child with autistic behaviour

Communication

- Avoid verbal overload. Use short, clear sentences.
- Hand signals, such as those for stop and slow down can be useful for some children.
- Break directions down into single steps.
- For children with no or little speech, help them find ways to express their needs.
- Model ways of asking and answering questions.
- Pause frequently to allow extra processing time.
- Encourage the child to watch other children if they do not know what to do or do not understand the instruction.
- Sometimes whispering in the child's ear an answer to a question asked by someone will help them to manage in social situations.
- Teach the child to use 'help' phrases such as *I need help, I need space* and *I don't like that.*
- Use visual cues to help a child understand what is happening. Don't expect them to always understand verbal language even if they speak well.
- Repeat and simplify information

Social interaction

- Help the child learn to express feelings as well as physical needs. Pictures of people looking happy, sad or angry can help.
- Some children find it useful to rate how they feel in a visual way. Pictures of a happy and sad face, with a scale between, can help them express how they are feeling.
- Help the child learn the basic social games that are played by their peers (such as tips and marbles). They will feel more at ease if they know what to do and understand what the rules are.
- Encourage, but don't force, eye contact.
- Simple board and card games (snakes and ladders, snap) are very good ways of teaching children over four or five years old simple rule-following, sharing and taking turns. Learning how to cope with losing is often easier in a structured game.
- Making and keeping friends is extremely important to all children. Children with ASD need to learn specific and appropriate skills to manage the give-and-take of friendship.

- Lists and rules are good ways of learning how to interact. For example: make a list of words to say when you want to join in; *Let's play … come and play … would you like to look at my … can I join in?*

Obsessions, intense interests and anxiety

- Much of the sensitivity to change and the need for ritual is caused by worry and anxiety. Verbal and visual explanation of any expected change will help.
- Stress, tiredness and sensory overload increase difficulty. Try to help the child to rest and learn to relax, and remove them from stressful situations.
- Learning relaxation techniques can be very helpful.
- Decrease any obvious stressors. Notice what causes a 'melt-down' and try to avoid it next time.
- Transition times can be difficult—a regular routine and visual cues to know what happens next can be helpful.
- Warn the child first and use a timer to give 'five minutes more' when you need to move on.
- If going to a new classroom, a new house or a new environment, allow extra time. Short visits, the opportunity to take something known and loved with them, and keeping familiar routines may all help.
- Avoid surprises. These children need to be prepared if something unusual or different is likely to happen.
- If a child has an obsession or intense interest, this can be used as a reward, motivator or means of gaining rapport.
- At times of stress or anxiety, many children choose to revert to their obsessive behaviour. It provides a feeling of control and calming.
- Limits need to be set on repetitive behaviour. Try to find a more acceptable means of stimulation.
- Much of the 'bad' behaviour of a child with autism is actually fear and confusion. Help him to make sense of the world in any way you can.
- The environment for a child with ASD needs to be calm and quiet. Avoid loud noises, strong lights and unusual smells if these upset the child.
- These children are often very literal. When managing their behaviour say exactly what you mean. *Walk inside* and *climb carefully* are more effective than *don't run* or *watch out, you'll fall.*
- Talk to other parents or professionals about specific difficulties such as fingernail cutting, eating or toileting problems. Others may have discovered a solution to the problem.

Resources

Books for parents and carers

Attwood, T. (1998). *Asperger's Syndrome: A guide for parents and professionals.* London: Jessica Kingsley Publishers.

Brill, M. (1994). *Keys to parenting the child with autism.* New York: Barron's Educational Series.

Cumine V., Leach J., & Stevenson G. (2000). *Autism in the early years.* London: David Fulton.

Grandin, T. (1996). *Thinking in pictures, and other reports from my life with autism.* New York: Vintage Books.

Gray, C. (1994). *The new social stories.* Arlington: Future Horizons.

Harrington, K. (1998). *Autism for parents and professionals.* Illinois: Lingui-Systems.

Leicestershire County Council and Fosse Health Trust. (1998). *Autism: How to help your young child.* London: National Autistic Society.

Wing, L. (1996). *The Autistic Spectrum: A guide for parents and professionals.* London: Constable and Co.

Books for children

Gorrod, L. (1997). *My brother is different.* London: The National Autistic Society.

Gottlieb E. (1997). *The boy who went away.* New York: St Martin's Press.

Ives, M. (The Autism Helpline). (1999). *What is Asperger Syndrome and how will it affect me?* London: The National Autistic Society.

Santomauro, J. (1999). *The mystery of a special kid.* Brisbane: Author.

Santomauro, J. (1999). *You are special too.* Brisbane: Author.

Websites

It is important to use caution in accessing information from some web sites as the reliability of their information is variable. Some that are well researched and may be particularly useful include:

Autism Research Institute
<www.autism.com/ari>

Autism Society of America
<www.autism-society.org>

On-Line Asperger's Syndrome Information and Support (OASIS)
<www.udel.edu/bkirby/asperger>

Practical ideas for young children with autism and other disabilities
<www.do2learn.com>

The National Autistic Society, London
<www.oneworld.org/autism_uk>

The National Association for Autism in Australia (this has links to most state associations too)
<www.autismaus.com.au>

Asperger Australia
<www.ozemail.com.au/~rbmitch/Asperger2.htm>

Major site for connection to many autism areas (this needs an individual subscription)
<www.autismconnect.com>

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